

§2131. Executive Lobbying Registration/Renewal

**EXECUTIVE LOBBYING REGISTRATION/  
RENEWAL FOR  
THE YEAR OF 2007  
(Fill in year.)**

637  
Executive Lobbyist Registration No.

**Instructions**

- Print in ink or type.
- Complete form and return with \$110 registration fee to the Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, or fax to (225) 763-8787. For information or assistance, call (225) 763-8777 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

FOR OFFICE USE ONLY  
Postmark Date: 1/24/07

Reg - 07  
ck 1088852  
\$110.00

ACK ✓

**3071162**

1. NAME Bates Candace R  
Last First MI

2. BUSINESS PHONE 469-766-0204  
Area Code and Phone Number

3. FAX NUMBER N/A

4. BUSINESS ADDRESS 9031 Crosscreek Ave. Baton Rouge, LA 70810  
Street and No. City State Zip

MAILING ADDRESS Same as above  
Street and No. City State Zip

5. EMPLOYER Eli Lilly & Company

6. EMPLOYER'S ADDRESS Lilly Corp. Center Indianapolis, IN 46285  
Street and No. City State Zip

7. LIST BELOW (a) Names of persons, groups, or organizations which you represent and on whose behalf expenditures are made; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name Eli Lilly & Company

Address Same as above

Business or purpose Pharmaceutical Sales Representative

Does this person pay you? Yes

If No, who pays you? \_\_\_\_\_

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EXECUTIVE LOBBYING  
REGISTRATION FORM

Executive Lobbyist Registration No. \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

4. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

**CERTIFICATION OF ACCURACY**

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.

*Candace R. Bates*

Signature of Lobbyist

